

FORM FOR APPEARANCE OF COUNSEL

Only attorneys admitted to the Bar of this Court may sign this form and practice before the Court. **Each attorney representing the interests of a party must complete a separate form. (COMPLETE ENTIRE FORM).**

NO. _____

(Plaintiff) vs. _____
(Defendant)

The Clerk will enter my appearance as Counsel for _____

(Please list names of all parties represented)

who IN THIS COURT is

☐ Petitioner(s)

☐ Respondent(s)

☐ Amicus Curiae

☐ Appellant(s)

☐ Appellee(s)

☐ Intervenor

I certify that I am a member of the Bar of the Fifth Circuit Court of Appeals, or am applying by completing an admission form.

(Signature)

(E-Mail Address)

(Type or print name)

(Social Security No.)

(Title, If Any)

(Resident State/Bar No.)

(Firm or Organization)

Date of Birth _____ Sex: ☐ M ☐ F

Street Address _____ Suite _____

City & State _____ Zip _____ Phone () _____

Fax () _____ Cell Phone () _____

NOTE: When more than one attorney represents a single party or group of parties, counsel should designate a lead counsel to whom the court will give notification, with the understanding that the lead counsel will notify all other related counsel. If lead counsel has not signed above, lead counsel *must* complete his or her own form for appearance of counsel. The person to be notified in this case is:

Name of Lead Counsel (Type or Print) _____

A. Name of any Circuit Judge of the Fifth Circuit who participated in this case in the district or bankruptcy court.

B. Inquiry of Counsel

To your knowledge:

- (1) Is there any case now pending in this court, which involves the same, substantially the same, similar or related issue(s)?

Yes ☐

No ☐

- (2) Is there any such case now pending in a District Court (i) within this Circuit, or (ii) in a Federal Administrative Agency which would likely be appealed to the Fifth Circuit?

Yes ☐

No ☐

- (3) Is there any case such as (1) or (2) in which judgment or order has been entered and the case is on its way to this Court by appeal, petition to enforce, review, deny?

Yes ☐

No ☐

- (4) Does this case qualify for calendaring priority under 5TH CIR. R. 47.7? If so, cite type of case _____

If answer to (1), or (2), or (3), is yes, please give detailed information.

Number and Style of Related Case _____

Name of Court or Agency _____

Status of Appeal (if any) _____

Other Status (if not appealed) _____

NOTE: Attach sheet to give further details.

DKT-5A(11/01)